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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/629,469	07/29/2003	Krishna Darbha	END920010115US2	7302
75	590 04/14/2004		EXAMINER	
Schmeiser, Olsen & Watts			NGUYEN, DILINH P	
3 Lear Jet Lane, Suite 201 Latham, NY 12110			ART UNIT	PAPER NUMBER
Lamam, NT	12110		2814	
			DATE MAILED: 04/14/2004	

Please find below and/or attached an Office communication concerning this application or proceeding.

## Application No. Applicant(s) 10/629,469 DARBHA ET AL. Interview Summary Examiner Art Unit DiLinh Nguyen 2814 All participants (applicant, applicant's representative, PTO personnel): (1) DiLinh Nguyen. (3)\_\_\_\_\_. (4)\_\_\_\_. (2) Jack Friedman. Date of Interview: 30 March 2004. Type: a) ☐ Telephonic b) ☐ Video Conference c) Personal [copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e)□ No. If Yes, brief description: \_\_\_\_\_. Claim(s) discussed: 9,12,24,25,29 and 33. Identification of prior art discussed: \_\_\_\_\_. Agreement with respect to the claims f) $\square$ was reached. g) $\boxtimes$ was not reached. h) $\square$ N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: During the interview, claims 9,12,24-25,29 and 33 are discussed. Applicant will amend claims 9 and 25. The new amended claim 9 includes the limitations of claims 12 and 24 and the new amended claim 25 includes the limitations of claims 29 and 33. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet. Examiner Note: You must sign this form unless it is an

Attachment to a signed Office action.

Examiner's signature, if required